

**Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

**2019**

Open to Public Inspection

Form **990-PF**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

For calendar year 2019 or tax year beginning , and ending

Name of foundation <b>MAKING A DIFFERENCE FOUNDATION</b>		<b>A Employer identification number</b> <b>81-4680770</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>PO BOX 730</b>	Room/suite	<b>B Telephone number</b> <b>8019303000</b>
City or town, state or province, country, and ZIP or foreign postal code <b>MIDVALE, UT 84047-0730</b>		<b>C</b> If exemption application is pending, check here ... <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here ... <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>
<b>H</b> Check type of organization: <input type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input checked="" type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <b>2,616,312.</b>	<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d), must be on cash basis.)	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received .....	760,315.		N/A	
	<b>2</b> Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments .....	110.	110.		STATEMENT 1
	<b>4</b> Dividends and interest from securities .....	64,381.	64,381.		STATEMENT 2
	<b>5a</b> Gross rents .....				
	<b>b</b> Net rental income or (loss) .....				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10 .....				
	<b>b</b> Gross sales price for all assets on line 6a .....				
	<b>7</b> Capital gain net income (from Part IV, line 2) .....		0.		
	<b>8</b> Net short-term capital gain .....				
	<b>9</b> Income modifications .....				
	<b>10a</b> Gross sales less returns and allowances .....				
<b>b</b> Less: Cost of goods sold .....					
<b>c</b> Gross profit or (loss) .....					
<b>11</b> Other income .....	89,305.	1,673.		STATEMENT 3	
<b>12 Total.</b> Add lines 1 through 11 .....	914,111.	66,164.			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc. ....	0.	0.		0.
	<b>14</b> Other employee salaries and wages .....	83,434.	0.		83,434.
	<b>15</b> Pension plans, employee benefits .....				
	<b>16a</b> Legal fees .....				
	<b>b</b> Accounting fees .....				
	<b>c</b> Other professional fees <b>STMT 4</b> .....	19,129.	0.		19,129.
	<b>17</b> Interest .....				
	<b>18</b> Taxes .....				
	<b>19</b> Depreciation and depletion .....				
	<b>20</b> Occupancy .....				
	<b>21</b> Travel, conferences, and meetings .....	550.	0.		550.
	<b>22</b> Printing and publications .....				
	<b>23</b> Other expenses <b>STMT 5</b> .....	21,859.	0.		21,859.
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 .....	124,972.	0.		124,972.
	<b>25</b> Contributions, gifts, grants paid .....	724,236.			724,236.
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25 .....	849,208.	0.		849,208.	
<b>27</b> Subtract line 26 from line 12:					
<b>a</b> Excess of revenue over expenses and disbursements .....	64,903.				
<b>b Net investment income</b> (if negative, enter -0-)		66,164.			
<b>c Adjusted net income</b> (if negative, enter -0-)			N/A		

<b>Part II Balance Sheets</b> <small>Attached schedules and amounts in the description column should be for end-of-year amounts only.</small>		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1 Cash - non-interest-bearing .....	551,760.	303,879.	303,879.
	2 Savings and temporary cash investments .....			
	3 Accounts receivable ▶ Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶ Less: allowance for doubtful accounts ▶			
	5 Grants receivable .....			
	6 Receivables due from officers, directors, trustees, and other disqualified persons .....			
	7 Other notes and loans receivable ▶ Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use .....			
	9 Prepaid expenses and deferred charges .....			
	10a Investments - U.S. and state government obligations <b>STMT 7</b>	162,026.	73,122.	76,028.
	b Investments - corporate stock .....			
	c Investments - corporate bonds <b>STMT 8</b>	1,818,528.	2,127,397.	2,227,864.
	11 Investments - land, buildings, and equipment: basis ▶ Less: accumulated depreciation ▶			
	12 Investments - mortgage loans .....			
	13 Investments - other .....			
	14 Land, buildings, and equipment: basis ▶ Less: accumulated depreciation ▶			
15 Other assets (describe ▶ <b>STATEMENT 9</b> )	0.	8,541.	8,541.	
16 <b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I)	2,532,314.	2,512,939.	2,616,312.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....		3,354.	
	18 Grants payable .....			
	19 Deferred revenue .....			
	20 Loans from officers, directors, trustees, and other disqualified persons .....			
	21 Mortgages and other notes payable .....			
	22 Other liabilities (describe ▶ )			
23 <b>Total liabilities</b> (add lines 17 through 22)	0.	3,354.		
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24, 25, 29, and 30.</b>			
	24 Net assets without donor restrictions .....	2,532,314.	2,509,585.	
	25 Net assets with donor restrictions .....			
	<b>Foundations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	26 Capital stock, trust principal, or current funds .....			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund .....			
	28 Retained earnings, accumulated income, endowment, or other funds .....			
29 <b>Total net assets or fund balances</b>	2,532,314.	2,509,585.		
30 <b>Total liabilities and net assets/fund balances</b>	2,532,314.	2,512,939.		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) .....	1	2,532,314.
2 Enter amount from Part I, line 27a .....	2	64,903.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3 .....	4	2,597,217.
5 Decreases not included in line 2 (itemize) ▶ <b>SEE STATEMENT 6</b>	5	87,632.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 .....	6	2,509,585.

**Part IV Capital Gains and Losses for Tax on Investment Income**

	(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b	<b>NONE</b>			
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a				
b				
c				
d				
e				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			
b			
c			
d			
e			

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 .....	2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 .....	3	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	626,519.	1,605,322.	.390276
2017	528,169.	458,804.	1.151187
2016	0.	477,725.	.000000
2015			
2014			

2	Total of line 1, column (d) .....	2	1.541463
3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years .....	3	.513821
4	Enter the net value of noncharitable-use assets for 2019 from Part X, line 5 .....	4	2,534,211.
5	Multiply line 4 by line 3 .....	5	1,302,131.
6	Enter 1% of net investment income (1% of Part I, line 27b) .....	6	662.
7	Add lines 5 and 6 .....	7	1,302,793.
8	Enter qualifying distributions from Part XII, line 4 .....	8	849,208.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

<b>Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)</b>			
1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	1,323.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	1,323.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-		5	1,323.
6 Credits/Payments:			
a 2019 estimated tax payments and 2018 overpayment credited to 2019	6a	0.	
b Exempt foreign organizations - tax withheld at source	6b	0.	
c Tax paid with application for extension of time to file (Form 8868)	6c	1,333.	
d Backup withholding erroneously withheld	6d	0.	
7 Total credits and payments. Add lines 6a through 6d		7	1,333.
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached		8	10.
9 <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>		9	0.
10 <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>		10	
11 Enter the amount of line 10 to be: <b>Credited to 2020 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>		11	

<b>Part VII-A Statements Regarding Activities</b>		Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?			X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.			X
c Did the foundation file <b>Form 1120-POL</b> for this year?			X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0.			
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.			X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			X
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? <span style="float: right;">N/A</span>			
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .			X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <input type="checkbox"/> <u>UT</u>			
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation		X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV			X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses <span style="float: right;">STMT 10</span>		X	

**Part VII-A Statements Regarding Activities** (continued)

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>MAKINGADIFFERENCEFDN.ORG</b>	X	
14 The books are in care of <b>SHARON GORMAN</b> Telephone no. <b>8019303000</b> Located at <b>7259 S. BINGHAM JUNCTION BLVD., MIDVALE, UT</b> ZIP+4 <b>84047-4730</b>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year		N/A
16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions		N/A
Organizations relying on a current notice regarding disaster assistance, check here		<input type="checkbox"/>
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019? If "Yes," list the years	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)		N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019.)		N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?		X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

		Yes	No
<b>5a</b> During the year, did the foundation pay or incur any amount to:			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>			
<b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b	X
If "Yes" to 6b, file Form 8870.			
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7b	
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, and foundation managers and their compensation.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 11		0.	0.	0.

**2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

**Total** number of other employees paid over \$50,000 ▶ 0

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ..... 0

**Part IX-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

**Part IX-B** Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
3 All other program-related investments. See instructions.	

Total. Add lines 1 through 3 ..... 0.

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities .....	1a	392,633.
b	Average of monthly cash balances .....	1b	2,180,170.
c	Fair market value of all other assets .....	1c	
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	2,572,803.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....	1e	0.
2	Acquisition indebtedness applicable to line 1 assets .....	2	0.
3	Subtract line 2 from line 1d .....	3	2,572,803.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....	4	38,592.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 .....	5	2,534,211.
6	<b>Minimum investment return.</b> Enter 5% of line 5 .....	6	126,711.

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

1	Minimum investment return from Part X, line 6 .....	1	126,711.
2a	Tax on investment income for 2019 from Part VI, line 5 .....	2a	1,323.
b	Income tax for 2019. (This does not include the tax from Part VI.) .....	2b	
c	Add lines 2a and 2b .....	2c	1,323.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	125,388.
4	Recoveries of amounts treated as qualifying distributions .....	4	0.
5	Add lines 3 and 4 .....	5	125,388.
6	Deduction from distributable amount (see instructions) .....	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 .....	7	125,388.

**Part XII Qualifying Distributions** (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....	1a	849,208.
b	Program-related investments - total from Part IX-B .....	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required) .....	3a	
b	Cash distribution test (attach the required schedule) .....	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 .....	4	849,208.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b .....	5	0.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....	6	849,208.

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7				125,388.
<b>2</b> Undistributed income, if any, as of the end of 2019:				
<b>a</b> Enter amount for 2018 only			0.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2019:				
<b>a</b> From 2014				
<b>b</b> From 2015				
<b>c</b> From 2016				
<b>d</b> From 2017		503,724.		
<b>e</b> From 2018		546,526.		
<b>f</b> Total of lines 3a through e	1,050,250.			
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ▶ \$	849,208.			
<b>a</b> Applied to 2018, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions)	0.			
<b>d</b> Applied to 2019 distributable amount				125,388.
<b>e</b> Remaining amount distributed out of corpus	723,820.			
<b>5</b> Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,774,070.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
<b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
<b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				0.
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
<b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7	0.			
<b>9</b> Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	1,774,070.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2015				
<b>b</b> Excess from 2016				
<b>c</b> Excess from 2017		503,724.		
<b>d</b> Excess from 2018		546,526.		
<b>e</b> Excess from 2019		723,820.		

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9) N/A

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling ▶

**b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
<b>b</b> 85% of line 2a					
<b>c</b> Qualifying distributions from Part XII, line 4, for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed					
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

**KEVIN RICKLEFS**

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

**NONE**

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

**SEE STATEMENT 12**

**b** The form in which applications should be submitted and information and materials they should include:

**c** Any submission deadlines:

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**Part XV** Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
A BROADER VIEW 236 GLEN LANE ELKINS PARK, PA 19027		501(C)(3) CHARITABLE ORG.	MEDICAL MISSION TO QUITO, ECUADOR	7,705.
A BROADER VIEW 236 GLEN LANE ELKINS PARK, PA 19027		501(C)(3) CHARITABLE ORG.	MEDICAL MISSION TRIP TO HONDURAS	20,140.
A BROADER VIEW 236 GLEN LANE ELKINS PARK, PA 19027		501(C)(3) CHARITABLE ORG.	MEDICAL MISSION TO GUATEMALA	16,586.
A BROADER VIEW 236 GLEN LANE ELKINS PARK, PA 19027		501(C)(3) CHARITABLE ORG.	MEDICAL MISSION TO PERU	17,885.
ABANDONED PET RESCUE 1137 NE 9TH AVE FORT LAUDERDALE, FL 33304		501(C)(3) CHARITABLE ORG.	SUPPORT LOCAL ANIMAL ADOPTIONS	500.
<b>Total</b> .....			<b>SEE CONTINUATION SHEET(S)</b> ▶ <b>3a</b>	<b>724,236.</b>
<b>b Approved for future payment</b>				
NONE				
<b>Total</b> .....			<b>3b</b>	<b>0.</b>



Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

Table with 3 columns: Question, Yes, No. Rows include questions about transfers of cash, other assets, and other transactions to noncharitable exempt organizations.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Content is N/A.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Content is N/A.

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer or trustee: [Signature] Date: 07/27/2020 Title: VP-TAX

May the IRS discuss this return with the preparer shown below? See instr. Yes No

Table for Paid Preparer Use Only with fields for Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, and Phone no.

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ANDREW GARCIA MEMORIAL FOUNDATION 1809 E BAGEND ST SALT LAKE CITY, UT 84106		501(C)(3) CHARITABLE ORG.	LOCAL GRANT SOCCER FUNDRAISER	1,000.
BIG CHILDREN'S FOUNDATION 2020 MCNAB ROAD, STE 99B FORT LAUDERDALE, FL 33309		501(C)(3) CHARITABLE ORG.	SUPPORT LOCAL AT RISK YOUTH	750.
BLESSINGS IN A BACKPACK 4121 SHELBYVILLE ROAD LOUISVILLE, KY 40207		501(C)(3) CHARITABLE ORG.	MAJESTIC ELEM. FOOD FOR THE WEEKEND	1,000.
BROWARD PERFORMING ARTS FOUNDATION 201 SW FIFTH AVENUE FORT LAUDERDALE, FL 33312		501(C)(3) CHARITABLE ORG.	LOCAL GRANT TRAINING MATERIALS	750.
CANCER WELLNESS HOUSE 59 S 1100 E SALT LAKE CITY, UT 84102		501(C)(3) CHARITABLE ORG.	ASSISTANCE TO CANCER PATIENTS IN UTAH	2,500.
CATHOLIC COMMUNITY SERVICES OF UTAH 224 NORTH 2200 WEST SALT LAKE CITY, UT 84116		501(C)(3) CHARITABLE ORG.	MEDICAL EXPENSES FOR REFUGEES	2,500.
CHILDRENS MIRACLE NETWORK 205 WEST 700 SOUTH SALT LAKE CITY, UT 84101		501(C)(3) CHARITABLE ORG.	CHRONICALLY ILL ASSISTANCE FUND	1,000.
CHOICE HUMANITARIAN 7879 SOUTH 1530 WEST #200 WEST JORDAN, UT 84088		501(C)(3) CHARITABLE ORG.	MISSION TRIP TO KENYA	24,967.
DAYS FOR GIRLS 304 SOUTH MAIN #300 CENTERVILLE, UT 84014		501(C)(3) CHARITABLE ORG.	FEMININE HYGEINE KITS	2,500.
DOWN SYNDROME OF GREATER CHARLOTTE 3900 PARK ROAD, SUITE C CHARLOTTE, NC 28209		501(C)(3) CHARITABLE ORG.	SCHOLARSHIP FOR CAMP PARTICIPANTS LIVING WITH DOWN SYNDROME	1,500.
<b>Total from continuation sheets</b>				<b>661,420.</b>

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
GAY MEN'S CHORUS OF SOUTH FLORIDA 2040 N DIXIE HWY #218 WILTON MANORS, FL 33305		501(C)(3) CHARITABLE ORG.	PRIDE OF AMERICA PRODUCTION	750.
GEORGE SNOW SCHOLARSHIP FUND 201 PLAZA REAL, STE 260 BOCA RATON, FL 33432		501(C)(3) CHARITABLE ORG.	COMPUTERS FOR MEDICAL SCHOOL SCHOLARSHIP RECIPIENTS	1,000.
GRANITE EDUCATION FOUNDATION 2500 SOUTH STATE STREET SALT LAKE CITY, UT 84115		501(C)(3) CHARITABLE ORG.	LOCAL GRANT FOR MENTAL & BEHAVIORAL HEALTH	2,500.
EPILEPSY FOUNDATION OF UTAH 8301 PROFESSIONAL PLACE WEST, STE 230 LANDOVER, MD 20785		501(C)(3) CHARITABLE ORG.	ART THERAPY PROGRAM	1,500.
FAITH IN PRACTICE 7500 BEECHNUT STREET, STE 208 HOUSTON, TX 77074		501(C)(3) CHARITABLE ORG.	MEDICAL MISSION TO GUATEMALA	1,000.
FAMILIES MOVING FORWARD 300 N. QUEEN STREET DURHAM, NC 27701		501(C)(3) CHARITABLE ORG.	LOCAL GRANT PARENTING CLASSES	2,000.
FIGHT THE NEW DRUG 1680 SOUTH MAIN STREET SALT LAKE CITY, UT 84115		501(C)(3) CHARITABLE ORG.	LOCAL GRANT TRAINING MATERIALS	750.
FRIENDS OF CASA 1918 SUNRIDGE CIR SANDY, UT 84093		501(C)(3) CHARITABLE ORG.	WARM CLOTHING & SCHOOL SUPPLIES FOR TWO CHILDREN	500.
HANDY 1717 NORTH ANDREWS AVE FORT LAUDERDALE, FL 33311		501(C)(3) CHARITABLE ORG.	MEDICAL EXPENSES FOR ABUSED AND DISADVANTAGES YOUTH	2,500.
HEALTH VOLUNTEERS OVERSEAS 1900 L STREET, NW #310 WASHINGTON, DC 20036		501(C)(3) CHARITABLE ORG.	MEDICAL MISSION TO LAOS	1,000.
<b>Total from continuation sheets</b> .....				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
INTERMOUNTAIN THERAPY ANIMALS 4050 SOUTH 2700 EAST SALT LAKE CITY, UT 84117		501(C)(3) CHARITABLE ORG.	READ PROGRAM MATERIALS	1,000.
INTER-FAITH FOOD SHUTTLE 1001 BLAIR DRIVE RALEIGH, NC 27603		501(C)(3) CHARITABLE ORG.	TOOLS & EQUIPMENT FOR AGRICULTURAL PROGRAMS	1,000.
INTERNATIONAL MEDICAL RELIEF 1151 EAGLE DRIVE STE 457 LOVELAND, CO 80537		501(C)(3) CHARITABLE ORG.	MISSION TRIP TO ZAMBIA	25,715.
INTERNATIONAL MEDICAL RELIEF 1151 EAGLE DRIVE STE 457 LOVELAND, CO 80537		501(C)(3) CHARITABLE ORG.	MISSION TRIP TO GUATEMALA	18,558.
INTERNATIONAL MEDICAL RELIEF 1151 EAGLE DRIVE STE 457 LOVELAND, CO 80537		501(C)(3) CHARITABLE ORG.	MEDICAL MISSION TO THAILAND GULF	28,786.
INTERNATIONAL MEDICAL RELIEF 1151 EAGLE DRIVE STE 457 LOVELAND, CO 80537		501(C)(3) CHARITABLE ORG.	MEDICAL MISSION TO COSTA RICA	17,400.
INTERNATIONAL MEDICAL RELIEF 1151 EAGLE DRIVE STE 457 LOVELAND, CO 80537		501(C)(3) CHARITABLE ORG.	MEDICAL MISSION TO ARGENTINA	20,300.
INTERNATIONAL MEDICAL RELIEF 1151 EAGLE DRIVE STE 457 LOVELAND, CO 80537		501(C)(3) CHARITABLE ORG.	COSTA RICA MEDICAL MISSION	1,900.
JDRF 132 S 600 E STE 100 SALT LAKE CITY, UT 84102		501(C)(3) CHARITABLE ORG.	LOCAL GRANT FOR JDRF ANNUAL SUMMIT KIDS SUMMIT ZONE	1,500.
LIFENET4FAMILIES 1 NW 33RD TERRACE FORT LAUDERDALE, FL 33311		501(C)(3) CHARITABLE ORG.	MOBILE FOOD BANK EXPANSION	1,500.
<b>Total from continuation sheets</b> .....				



**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
LUSTGARTEN FOUNDATION 415 CROSSWAYS PARK DRIVE STE D WOODBURY, NY 11797		501(C)(3) CHARITABLE ORG.	SUPPORT PANCREATIC CANCER RESEARCH	1,000.
KHISH PO BOX 8326 RICHMOND, VA 23226		501(C)(3) CHARITABLE ORG.	MEDICAL MISSION TO HONDURAS	1,500.
ME TO WE 145 BERKELEY ST. TORONTO, ONTARIO, CANADA MS5A 1S9		501(C)(3) CHARITABLE ORG.	MEDICAL MISSION TO ECUADOR	33,607.
ME TO WE 145 BERKELEY ST. TORONTO, ONTARIO, CANADA MS5A 1S9		501(C)(3) CHARITABLE ORG.	2020 MEDICAL PROVIDERS TO KENYA	36,777.
ME TO WE 145 BERKELEY ST. TORONTO, CANADA MS5A 1S9		501(C)(3) CHARITABLE ORG.	2019 MEDICAL PROVIDERS TO KENYA	31,285.
ME TO WE 145 BERKELEY ST. TORONTO, ONTARIO, CANADA MS5A 1S9		501(C)(3) CHARITABLE ORG.	MEDICAL MISSION TO INDIA	37,616.
ME TO WE 145 BERKELEY ST. TORONTO, ONTARIO, CANADA MS5A 1S9		501(C)(3) CHARITABLE ORG.	WE COLLEGE INSTRUCTION & BARAKA HOSPITAL TREATMENT	2,000.
ME TO WE 145 BERKELEY ST. TORONTO, ONTARIO, CANADA MS5A 1S9		501(C)(3) CHARITABLE ORG.	WE COLLEGE INSTRUCTION & BARAKA HOSPITAL TREATMENT	2,000.
OPERATION UNDERGROUND RAILROAD 755 SOUTH MAIN STREET, STE 194 CEDAR CITY, UT 84720		501(C)(3) CHARITABLE ORG.	LOCAL GRANT SURVIVOR MENTAL HEALTH SERVICES	2,000.
PHYSICIANS FOR PEACE 520 W 21ST ST G2103 NORFOLK, VA 23517		501(C)(3) CHARITABLE ORG.	MEDICAL MISSION TO MALAWI	1,000.
<b>Total from continuation sheets</b> .....				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
PROJECT CURE 10377 E. GEDDES AVENUE CENTENNIAL, CO 80112		501(C)(3) CHARITABLE ORG.	MEDICAL MISSION TRIP	1,742.
PROJECT CURE 10377 E. GEDDES AVENUE CENTENNIAL, CO 80112		501(C)(3) CHARITABLE ORG.	MEDICAL MISSION TO INDIA	14,036.
RIVER BEND ELEMENTARY PTA 6710 PERRY CREEK ROAD RALEIGH, NC 27616		501(C)(3) CHARITABLE ORG.	FAMILY TASTING AND DANCE WORKSHOP	750.
ROCKY MOUNTAIN CARE FOUNDATION 576 WEST 900 SOUTH STE 103 WOODS CROSS, UT 84010		501(C)(3) CHARITABLE ORG.	LOCAL GRANT FOR HOSPICE SUPPLIES FOR RMCF	2,500.
SALT LAKE COMMUNITY ACTION PROGRAM 1307 SOUTH 900 WEST SALT LAKE CITY, UT 84104		501(C)(3) CHARITABLE ORG.	SUPPORT LOW INCOME INDIVIDUALS AND FAMILIES BECOME SELF SUFFICIENT	2,500.
SCOTTS RIDGE ELEMENTARY SCHOOL PTA 6601 APEX BARBECUE ROAD APEX, NC 27502		501(C)(3) CHARITABLE ORG.	LOCAL GRANT FOR BASK IN THE GLOW FUNDRAISER	1,000.
SUITS, STILETTOS, AND LIPSTICK FOUNDATION 1995 E. OAKLAND PARK BLVD, STE 350 FORT LAUDERDALE, FL 33306		501(C)(3) CHARITABLE ORG.	HOLIDAY TOY DRIVE	750.
THE ADOPTION EXCHANGE 14232 EAST EVANS AVENUE AURORA, CO 80014		501(C)(3) CHARITABLE ORG.	TABLE SPONSORSHIP	1,000.
THE CHILDREN'S CENTER 350 S 400 E SALT LAKE CITY, UT 84111		501(C)(3) CHARITABLE ORG.	TO SUPPORT MENTAL HEALTH OF CHILDREN OF UTAH	2,500.
THE HOPE ALLIANCE 1912 SIDEWINDER DR. EXHIBIT SPACE PARK CITY, UT 84060		501(C)(3) CHARITABLE ORG.	MEDICAL MISSION TO UGANDA	1,630.
<b>Total from continuation sheets</b>				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
THE HOPE ALLIANCE 1912 SIDEWINDER DR. EXHIBIT SPACE PARK CITY, UT 84060		501(C)(3) CHARITABLE ORG.	MEDICAL MISSION TO UGANDA	2,300.
THE INN BETWEEN 1216 E 1300 S SALT LAKE CITY, UT 84105		501(C)(3) CHARITABLE ORG.	MEDICAL SUPPLIES FOR NON-HOSPICE PATIENTS	2,500.
THE PARK CITY COMMUNITY FOUNDATION 1918 PROSPECTOR AVE PARK CITY, UT 84060		501(C)(3) CHARITABLE ORG.	LOCAL GRANT FOR THE SOLOMON FUND	1,000.
THE SHARING PLACE 1695 EAST 3300 SOUTH SALT LAKE CITY, UT 84106		501(C)(3) CHARITABLE ORG.	SUPPORT LOCAL GRIEVING YOUTH	2,500.
UNITED WAY OF SALT LAKE 257 E 200 S #300 SALT LAKE CITY, UT 84111		501(C)(3) CHARITABLE ORG.	SUPPORT LOCAL UNITED WAY CHAPTER	204,407.
YMCA OF GREATER GRAND RAPIDS 475 LAKE MICHIGAN DR NW GRAND RAPIDS, MI 49504		501(C)(3) CHARITABLE ORG.	SUPPORT LOCAL YOUTH	750.
YMCA OF SOUTH PALM BEACH 6631 PALMETTO CIR S BOCA RATON, FL 33433		501(C)(3) CHARITABLE ORG.	HEALTHY LIVING PROGRAMS	1,000.
CHG EE COMPASSION FUND 7259 BINGHAM JCT BLVD MIDVALE, UT 84047	PARENT CORPORATION	PRIVATE CORPORATION	SUPPORT CHG EMPLOYEES IN NEED	36,144.
MIDVALE COMMUNITY BUILDING COMMUNITY 49 W CENTER ST MIDVALE, UT 84047		501(C)(3) CHARITABLE ORG.	DENTAL PROGRAM FOR UNDERSERVED COMMUNITIES	25,000.
JUNIOR LEAGUE OF SALT LAKE CITY 526 E 300 S SALT LAKE CITY, UT 84102		501(C)(3) CHARITABLE ORG.	SUSTAINABLE GRANTS JLSLC	25,000.
<b>Total from continuation sheets</b> .....				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
AMERICARES 88 HAMILTON AVE STAMFORD, CT 06902		501(C)(3) CHARITABLE ORG.	HURRICANE DORIAN RELEIF EFFORTS	2,500.
INTERNATIONAL MEDICAL RELIEF 1151 EAGLE DRIVE STE 457 LOVELAND, CO 80537		501(C)(3) CHARITABLE ORG.	HURRICANE DORIAN RELIEF EFFORTS	7,500.
CAMP HAWKINS PO BOX 1294 WEST JORDAN, UT 84084		501(C)(3) CHARITABLE ORG.	DIFFERENCE MAKER GRANT KYLE SPERRY	500.
JR WAY 5375 S OLD TRENTON WAY MURRAY, UT 84123		501(C)(3) CHARITABLE ORG.	DIFFERENCE MAKER GRANT JEN ROGERS	500.
1520 ARTS 2505 STATE ST SALT LAKE CITY, UT 84115		501(C)(3) CHARITABLE ORG.	DIFFERENCE MAKER GRANT MONICA HALVERSON	500.
LEADING SAINTS 50 E NORTH TEMPLE STREET SALT LAKE CITY, UT 84150		501(C)(3) CHARITABLE ORG.	DIFFERENCE MAKER GRANT JAMES WILLHITE	500.
GLOBAL MISSION GROUP 138 E. 12300 S., STE C-222 DRAPER, UT 84020		501(C)(3) CHARITABLE ORG.	DIFFERENCE MAKER GRANT ALLIE WEBB	500.
SUMI NUNGWA PO BOX 9822 SALT LAKE CITY, UT 84109		501(C)(3) CHARITABLE ORG.	DIFFERENCE MAKER GRANT KAITE FREDRICKSON	500.
INTERMOUNTAIN THERAPY ANIMALS 4050 SOUTH 2700 EAST SALT LAKE CITY, UT 84117		501(C)(3) CHARITABLE ORG.	DIFFERENCE MAKER GROUP JEFFREY GWILLIAM	500.
THE SHARING PLACE 1695 EAST 3300 SOUTH SALT LAKE CITY, UT 84106		501(C)(3) CHARITABLE ORG.	DIFFERENCE MAKER GRANT BRIDGET BERG	500.
<b>Total from continuation sheets</b> .....				

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization

**MAKING A DIFFERENCE FOUNDATION**

Employer identification number

**81-4680770**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  <b>MAKING A DIFFERENCE FOUNDATION</b>	Employer identification number  <b>81-4680770</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CHG COMPANIES, INC.  7259 S. BINGHAM JUNCTION BLVD.  MIDVALE, UT 84047	\$ 583,334.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MICHAEL WEINHOLTZ  11768 ELLICE STREET  MALIBU, CA 90265	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	SCOTT BECK  10 SHADOW WOOD LANE  SANDY, UT 84092	\$ 8,792.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>MAKING A DIFFERENCE FOUNDATION</b>	Employer identification number  <b>81-4680770</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization  <b>MAKING A DIFFERENCE FOUNDATION</b>	Employer identification number  <b>81-4680770</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	



# Underpayment of Estimated Tax by Corporations

Department of the Treasury  
Internal Revenue Service

▶ Attach to the corporation's tax return.

FORM 990-PF

▶ Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

**2019**

Name <b>MAKING A DIFFERENCE FOUNDATION</b>	Employer identification number <b>81-4680770</b>
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**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

<b>Part I Required Annual Payment</b>			
1 Total tax (see instructions) .....		<b>1</b>	<b>1,323.</b>
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	<b>2a</b>		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	<b>2b</b>		
c Credit for federal tax paid on fuels (see instructions) .....	<b>2c</b>		
d <b>Total.</b> Add lines 2a through 2c .....		<b>2d</b>	
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....		<b>3</b>	<b>1,323.</b>
4 Enter the tax shown on the corporation's 2018 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 .....		<b>4</b>	<b>273.</b>
5 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....		<b>5</b>	<b>273.</b>

<b>Part II Reasons for Filing</b> - Check the boxes below that apply. If any boxes are checked, the corporation <b>must</b> file Form 2220 even if it does not owe a penalty. See instructions.	
6	<input type="checkbox"/> The corporation is using the adjusted seasonal installment method.
7	<input type="checkbox"/> The corporation is using the annualized income installment method.
8	<input type="checkbox"/> The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

<b>Part III Figuring the Underpayment</b>					
		(a)	(b)	(c)	(d)
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th ( <b>Form 990-PF filers:</b> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	<b>9</b>	05/15/19	06/15/19	09/15/19	12/15/19
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column .....	<b>10</b>	68.	69.	68.	68.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....	<b>11</b>				
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
12 Enter amount, if any, from line 18 of the preceding column .....	<b>12</b>				
13 Add lines 11 and 12 .....	<b>13</b>				
14 Add amounts on lines 16 and 17 of the preceding column .....	<b>14</b>		68.	137.	205.
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	<b>15</b>	0.	0.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	<b>16</b>		68.	137.	
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	<b>17</b>	68.	69.	68.	68.
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	<b>18</b>				

**Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.**

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <b>(C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions .....	<b>19</b>			
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2019 and before 7/1/2019 .....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 6\% (0.06)}{365}$ ...	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 06/30/2019 and before 10/1/2019 ...	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\% (0.05)}{365}$ ...	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2019 and before 1/1/2020 .....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 5\% (0.05)}{365}$ ...	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2019 and before 4/1/2020 ...	<b>27</b>	<b>SEE ATTACHED WORKSHEET</b>		
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 5\% (0.05)}{366}$ ...	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2020 and before 7/1/2020 .....	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{366}$ .....	<b>30</b> \$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2020 and before 10/1/2020 ...	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{366}$ .....	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2020 and before 1/1/2021 .....	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{366}$ .....	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2020 and before 3/16/2021 ...	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$ .....	<b>36</b> \$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	<b>37</b> \$	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns .....	<b>38</b>			\$ <b>10.</b>

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

**FORM 990-PF  
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET**

Name(s) <b>MAKING A DIFFERENCE FOUNDATION</b>					Identifying Number <b>81-4680770</b>
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
05/15/19	68.	68.	31	.000164384	
06/15/19	69.	137.	15	.000164384	
06/30/19	0.	137.	77	.000136986	1.
09/15/19	68.	205.	91	.000136986	3.
12/15/19	68.	273.	16	.000136986	1.
12/31/19	0.	273.	136	.000136612	5.
Penalty Due (Sum of Column F). .....					<b>10.</b>

\* Date of estimated tax payment, withholding credit date or installment due date.

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
MONEY MARKET ACCOUNT	110.	110.	
TOTAL TO PART I, LINE 3	110.	110.	

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
MONEY MARKET ACCOUNT	64,381.	0.	64,381.	64,381.	
TO PART I, LINE 4	64,381.	0.	64,381.	64,381.	

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
UNREALIZED GAIN	87,632.	0.	
OTHER ACCRUED INCOME	1,673.	1,673.	
TOTAL TO FORM 990-PF, PART I, LINE 11	89,305.	1,673.	

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROFESSIONAL FEES	19,129.	0.		19,129.
TO FORM 990-PF, PG 1, LN 16C	19,129.	0.		19,129.

FORM 990-PF	OTHER EXPENSES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
BANK FEES	142.	0.		142.	
SUPPLIES	833.	0.		833.	
MARKETING	20,884.	0.		20,884.	
TOTAL TO FORM 990-PF, PG 1, LN 23	21,859.	0.		21,859.	

FORM 990-PF	OTHER DECREASES IN NET ASSETS OR FUND BALANCES	STATEMENT	6
DESCRIPTION		AMOUNT	
UNREALIZED GAIN INCLUDED IN OTHER INCOME		87,632.	
TOTAL TO FORM 990-PF, PART III, LINE 5		87,632.	

FORM 990-PF	U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS		STATEMENT	7
DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
US TREASURIES	X		73,122.	76,028.
TOTAL U.S. GOVERNMENT OBLIGATIONS			73,122.	76,028.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			73,122.	76,028.

FORM 990-PF	CORPORATE BONDS		STATEMENT	8
DESCRIPTION			BOOK VALUE	FAIR MARKET VALUE
CORPORATE BONDS			2,127,397.	2,227,864.
TOTAL TO FORM 990-PF, PART II, LINE 10C			2,127,397.	2,227,864.

FORM 990-PF	OTHER ASSETS		STATEMENT 9
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
ACCRUED INVESTMENT INCOME	0.	8,541.	8,541.
TO FORM 990-PF, PART II, LINE 15	0.	8,541.	8,541.

FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS STATEMENT 10  
PART VII-A, LINE 10

NAME OF CONTRIBUTOR	ADDRESS
CHG COMPANIES, INC.	7259 S. BINGHAM JUNCTION BLVD. MIDVALE, UT 84047
MICHAEL WEINHOLTZ	7259 S. BINGHAM JUNCTION BLVD. MIDVALE, UT 84047

FORM 990-PF                      PART VIII - LIST OF OFFICERS, DIRECTORS                      STATEMENT 11  
    TRUSTEES AND FOUNDATION MANAGERS

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KEVIN RICKLEFS 7259 S. BINGHAM JUNCTION BLVD. MIDVALE, UT 84047	PRESIDENT 0.00	0.	0.	0.
CHRISTINE VANCAMPEN 7259 S. BINGHAM JUNCTION BLVD. MIDVALE, UT 84047	VICE PRESIDENT 0.00	0.	0.	0.
MORRIS JENSBY 7259 S. BINGHAM JUNCTION BLVD. MIDVALE, UT 84047	SECRETARY 0.00	0.	0.	0.
RONNIE WILLIAMS 7259 S. BINGHAM JUNCTION BLVD. MIDVALE, UT 84047	TREASURER 0.00	0.	0.	0.
SHARON GORMAN 7259 S. BINGHAM JUNCTION BLVD. MIDVALE, UT 84047	VICE PRESIDENT, TAX 0.00	0.	0.	0.
EDDIE CHRISTENSEN 7259 S. BINGHAM JUNCTION BLVD. MIDVALE, UT 84047	VICE PRESIDENT, LEGAL 0.00	0.	0.	0.
LISA GRABL 7259 S. BINGHAM JUNCTION BLVD. MIDVALE, UT 84047	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION  
PART XV, LINES 2A THROUGH 2D

STATEMENT 12

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

MAKING A DIFFERENCE GRANT REQUEST TEAM  
7259 S. BINGHAM BLVD.  
MIDVALE, UT 84047

TELEPHONE NUMBER

NAME OF GRANT PROGRAM

8019303000

LOCAL GRANT PROGRAM

FORM AND CONTENT OF APPLICATIONS

GRANT REQUEST FORM. NAME OF CHARITY, INVOLVEMENT WITH CHARITY, HOW THE GRANT MONEY WILL BE USED.

ANY SUBMISSION DEADLINES

QUARTERLY

RESTRICTIONS AND LIMITATIONS ON AWARDS

LOCAL GRANTS - \$200 - \$5000  
STRATEGIC GRANTS - GREATER THAN \$5000